

Montgomery County Department of Housing and Community Affairs Division of Consumer Affairs Licensing and Registration Unit

100 Maryland Avenue, Room 330, Rockville, Maryland 20850

240-777-3799 • FAX 240-777-3699 • TTD 240-777-3679 • http://montgomerycountymd.gov/dhca

Single-Family\Condominium RENTAL FACILITY LICENSE APPLICATION

Please print clearly or type. Answer all applicable questions. OFFICE USE							
Completed application MUST be signed by the property owner.					License #		
Legal Agent must be assigned.					Year Built		
Payment by check or money order must accompany application.					Date Recorded		
Make checks payable to MONTGOMERY COUNTY, MARYLAND.					Entered By		
Mail completed application with payment to address above.					Deposit		
7							
I. RENTAL PROPERTY A	DDRE	SS					
Street Number		Street N	Jame	Unit#			
	Shoot Harrison Sharr						
City			State		Zip		
Oity			State		Ζιρ		
O ! . F	N			C N.			
Owner's Emergency Phone	Num	ber Comm	nunity/Homeowner Associa	tion Nam	ie (if applicable)		
II. OCCUPANT INFORMAT	ΓΙΟΝ						
Is the property: Owner Occupied?YES Relative Occupied?YES NO							
(A relative is defined as a: Spouse, Sibling, Parent, Grandparent, Child, or Grandchild.)							
If the answer to either of these questions is YES , you DO NOT need to pay a Rental Facility License Fee.							
III. LICENSE FEE/STRUCT	TURE	TYPF					
Please check below your proposed The licensing year is July 1 th The full fee is due if the prope	perty's roug	Structure Type h June 30 and fe	es cannot be prorated.				
The full lee is due if the prope	ity is i	ented for <u>arry po</u>	or a licensing year.		, ,		
Structure Type		Annual Unit Fee	Structure Type		Annual Unit Fee		
Single Family Detached House		\$98.00	Garden Apartment		\$56.00		
Townhouse		\$98.00	High-rise Apartment		\$56.00		
Duplex		\$98.00	Stacked Piggyback Townhous	se 🗆	\$56.00		
Back-to-Back Townhouse		\$98.00					
Quadraplex		\$98.00					

Please note: Montgomery County Government now uses the services of CheckAgain - Enhanced Check Management Services.

calling (800)666-5222 ext. 2 to arrange payment for any outstanding checks and service fees due. www.checkagain.com

If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by

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section.									
Second Owner's Name (if applicable)									
Second Owner's Street Address									
Zip									
Phone									
ddress									
***Partner's/Member's Name									
Zip									
Phone									
ddress									
info on a separate sheet.									
Zip									
Zip									
hone									
Iress									
Corporation President's Name									
hone									

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V. CONTACT INFORMATION								
A. Administrative Agent (Retaining an Administrative Agent is not required. If this section is left blank, owner will serve as administrative agent.)								
Who should we contact for business								
☐ Owner as listed								
or								
☐ Administrative Agent as Listed Be	elow							
Agent's Name	Agent's Street Address							
Agent's Company Name (if applicable)		City	State					
Agent's Company Name (if applicable)		City	Sidie	Zip				
Daytime Phone Evening Pho			 Email Address					
B. Legal Agent (must be provided)								
County law requires all owners to assign a Legal Agent to receive legal service of process. Owners residing in Maryland may designate themselves. Those who do not reside in Maryland MUST designate a Legal Agent who resides within the State of Maryland. Please Note: The Legal Agent cannot be your tenant. You must provide the Legal Agent's MARYLAND HOME address. The Legal Agent MUST sign below to accept responsibility as agent. Owner designates self as Legal Agent and resides in the STATE OF MARYLAND (Home address provided under Ownership Information.) Owner designates the below named Maryland resident as Legal Agent								
Legal Agent's Name (Print or Type clearly Legal Agent's HOME Street Address	above)	Daytime Phone	Evening Phone					
City Maryland	Zip	Fax#	Email Address					
I understand and accept responsibility a	as Legal Agel	nt for service of legal p	rocess:					
Legal Agent's Signature	-		Date					

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VI. LEAD POISONING PREVENTION CHECKLIST – (must be completed) Maryland law requires that all owners of residential rental property comply with the State Lead Poisoning Prevention requirements and that proof of compliance be provided to local government before authorizing a property to be rented. Please Note: You MUST provide the following information before your property will be licensed to operate as a rental facility in Montgomery County. Further information regarding Lead Poisoning Prevention and compliance may be obtained through Maryland Department of the Environment (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101. 1. Was this residential rental property built after 1949? Yes No ☐ Year Built If YES, you are NOT an "affected property." Please proceed to Section VII. If answer to question #1 is NO, proceed to question #2. 2. Has this residential rental property been exempted by MDE because it is lead-free? Yes No If YES, please provide: Exemption Certificate #: ______, Date issued _____, and Contractor Name _____. You are NOT an "affected property." Please proceed to Section VII. If answer to question #2 is NO, proceed to question #3. 3. Is this property registered with MDE? Yes 🗌 No 🗆 ng # _____. Proceed to question #4. (Formerly referred to as the owner registration number.) If YES, please provide Tracking # If answer to question #3 is NO, please contact (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 for information on registration requirements. 4. Is the property registration current? Yes 🗌 No If YES, please proceed to question #5. If answer to question #4 is NO, please contact (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 for information on registration requirements. 5. Did your current tenant move in on or after February 24, 1996? Yes No If YES, Lead Inspection Certificate # for current tenancy VII. OWNER'S SIGNATURE (Agent's signature not acceptable) I affirm under penalty of perjury that the above information is true to the best of my knowledge and belief. I also understand if there are any changes in property ownership, owner address, or agent/contact information that I must notify the Department within 10 days of the change. X Owner's Signature (Agent's signature not acceptable) Date Print or Type Name of Person Signing Has the OWNER: ☐ Signed the application? ☐ Designated a Legal Agent in Maryland?

☐ Completed Lead Poisoning Prevention Checklist?
☐ Enclosed License Fee as Check or Money Order Payable to Montgomery County?

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